Case Submission Form

Use this form to submit a new case to DentoCorrect. Allow 10-15 business days for processing, plus shipping time. Both upper and lower impressions and a bite registration must be sent with this form. Photos and x-rays must either be sent with this form, or emailed to dentocorrect.com. Send duplication records only, as originals will not be returned.

DentoCorrect by Shatkin F.I.R.S.T.®
Align. Replace. Whiten.
ONE COMPANY...MANY SOLUTIONS

DOCTOR INFORMATION

Doctor's Name: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____ Email: _____

PATIENT INFORMATION

Patient's name: _____

Gender: ☐ M ☐ F **Date of birth:** ____ / ____ / ____

GENERAL INFORMATION

CONCERNS:

Treat arches: ☐ Both ☐ Upper only ☐ Lower only

Exclude from treatment: (bridges, ankylosed teeth, implants)

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
R	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	L
	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

Do not place attachments on these teeth (facial restorations):

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
R	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	L
	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

EXISTING CONDITION

Upper midline: ☐ Centered ☐ Shifted left ☐ Shifted right

If shifted, displacement (in mm): _____

Lower midline: ☐ Centered ☐ Shifted left ☐ Shifted right

If shifted, displacement (in mm): _____

Canine relationship:

Class I ☐ R ☐ L Class II ☐ R ☐ L Class III ☐ R ☐ L

Molar relationship:

Class I ☐ R ☐ L Class II ☐ R ☐ L Class III ☐ R ☐ L

SPECIAL INSTRUCTIONS

TREATMENT GOALS/OBJECTIVES

Upper midline: ☐ Maintain ☐ Improve ☐ Center

Lower midline: ☐ Maintain ☐ Improve ☐ Center

(If > 2mm change, IPR or A-P change may be needed)

Overjet: ☐ Maintain ☐ Improve ☐ Center

Lower midline: ☐ Maintain ☐ Improve ☐ Center

(If > 2mm change, IPR or A-P change may be needed)

Overbite: ☐ Maintain ☐ Improve ☐ Ideal

Arch form: ☐ Maintain ☐ Improve ☐ Constrict

Posterior crossbite(s): ☐ Maintain ☐ Correct

MANAGE SPACES

☐ **Close all spaces**

(If > 2mm change, IPR or A-P change may be needed)

☐ **Leave spaces (in case of tooth size discrepancy):**

☐ Distal to 2's ☐ Distal to 3's ☐ Equally around 2's

RESOLVE CROWDING

Procline: Primarily, ☐ U ☐ L If needed, ☐ U ☐ L

Expand: Primarily, ☐ U ☐ L If needed, ☐ U ☐ L

IPR: Primarily, ☐ U ☐ L If needed, ☐ U ☐ L

ADJUST A-P RELATIONSHIP **[results may be unpredictable]**

Desired canine relationship:

Class I ☐ R ☐ L Class II ☐ R ☐ L Class III ☐ R ☐ L

Desired molar relationship:

Class I ☐ R ☐ L Class II ☐ R ☐ L Class III ☐ R ☐ L

HOW TO ACHIEVE A-P GOAL **[results may be unpredictable]**

IPR 3-6: ☐ R ☐ L **Distalize:** ☐ R ☐ L

Extract:

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
R	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	L
	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
		31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	32

By submitting this case submission form and accepting delivery of products from DentoCorrect. I agree to be bound by and accept the attached terms.

Doctor Signature: _____ **Date:** _____